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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/001,751
	Filing Date	October 31, 2001
	First Named Inventor	Paul H. Stypulkowski
	Art Unit	3762
	Examiner Name	Droesch, Kristen L.
Total Number of Pages in This Submission	Attorney Docket Number	11738.00025

ENCLOSURES (check all that apply)						
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mail Return Receipt Postcard				
<table border="1"><tr><td>Remarks</td><td>The Commissioner is authorized to charge any fees in connection with this correspondence to Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.</td></tr><tr><td colspan="2">Express Mail No. EV 306400375 US</td></tr></table>			Remarks	The Commissioner is authorized to charge any fees in connection with this correspondence to Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.	Express Mail No. EV 306400375 US	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William J. Klein, Reg. No. 43,719
Signature	<i>William J. Klein by Robert A. Klein (Reg. No. 32,168)</i>
Date	April 15, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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04-16-04

3762

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 11738.00025)

In re Application of:)	
)	
Paul H. Stypulkowski)	
)	Group Art Unit: 3762
Serial No.: 10/001,751)	
)	Examiner: Droesch, Kristen L.
Filed: October 31, 2001)	
)	
For: System and method of treating)	
stuttering by neuromodulation)	

RESPONSE TO RESTRICTION REQUIREMENT

Assistant Commissioner for Patents
BOX NON-FEE AMENDMENT
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the restriction requirement mailed March 15, 2004, the Applicant provisionally elects to proceed with examination of the invention of Group II (claims 9-16 and 18) without prejudice to the filing of any divisional applications directed to the other groups.

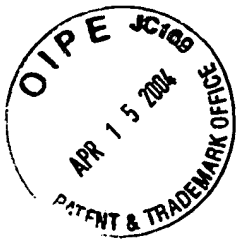
This election is made without traverse.

Respectfully Submitted,
BANNER & WITCOFF, LTD.

April 15, 2004

By: William J. Klein *WJ Klein*
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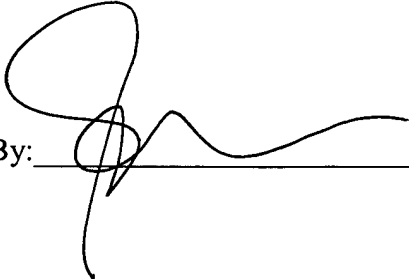


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Attorney Docket No. 11738.00025

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By: 

Stypulkowski et al., U.S. Patent Application No. 10/001,751 for " System and method of treating stuttering by neuromodulation "

- Transmittal Form (in duplicate)
- Response to Restriction Requirement (1 page)
- Return Receipt Postcard

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